

<b>ORDER FOR SUPPLIES OR SERVICES</b>										PAGE 1 OF 6	
1. CONTRACT PURCH ORDER/AGREEMENT NO.  DAAE07-00-D-M001			2. DELIVERY ORDER/CALL NO.  0256		3. DATE OF ORDER/CALL (YYYYMMDD)  2003NOV21		4. REQUISITION/PURCH REQUEST NO.  SEE SCHEDULE		5. PRIORITY  DOA4		
6. ISSUED BY TACOM WARREN BLDG 231 AMSTA-AQ-ALDA BARBARA FIANTACO (586)574-7280 WARREN, MICHIGAN 48397-5000 EMAIL: FIANTACB@TACOM.ARMY.MIL HTTP://CONTRACTING.TACOM.ARMY.MIL			CODE W56HZV		7. ADMINISTERED BY (If other than 6)  DCMA BIRMINGHAM BURGER PHILLIPS CENTER 1910 THIRD AVE. NORTH, RM 201 BIRMINGHAM, AL 35203-2376			CODE S0101A		8. DELIVERY FOB  <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR  CAMBER CORPORATION 635 DISCOVERY DR NW HUNTSVILLE, AL. 35806-2801			CODE OMWW4		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)  SEE SCHEDULE			11. X IF BUSINESS IS  <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED	
NAME AND ADDRESS  TYPE BUSINESS: Large Business Performing in U.S.							12. DISCOUNT TERMS			13. MAIL INVOICES TO THE ADDRESS IN BLOCK  See Block 15	
14. SHIP TO  SEE SCHEDULE			CODE		15. PAYMENT WILL BE MADE BY  DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P.O. BOX 182264 COLUMBUS, OH 43218-2264			CODE HQ0338		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2	
16. TYPE OF ORDER <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">DELIVERY/CALL</div> <div style="width: 10%; text-align: center;">X</div> <div style="width: 75%;">THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.</div> </div> <div style="margin-top: 5px;"> Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.  furnish the following on terms specified herein.  ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. </div>											
<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED (YYYYMMDD) </div> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  SEE SCHEDULE											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT
		SEE SCHEDULE CONTRACT TYPE: Cost-Plus-Fixed-Fee  KIND OF CONTRACT: System Acquisition Contracts									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA STANLEY T. KULCZYCKI /SIGNED/ KULCZYCS@TACOM.ARMY.MIL (586)574-7004 BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL \$79,588.00	
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____											
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE						c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE			
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE						28. SHIP. NO.  <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. D.O. VOUCHER NO.		30. INITIALS	
f. TELEPHONE NUMBER			g. E-MAIL ADDRESS			31. PAYMENT  <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.										34. CHECK NUMBER	
a. DATE (YYYYMMDD)			b. SIGNATURE AND TITLE OF CERTIFYING OFFICER							35. BILL OF LADING NO.	
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE07-00-D-M001/0256 <b>MOD/AMD</b>	<b>Page 2 of 6</b>
<b>Name of Offeror or Contractor:</b> CAMBER CORPORATION		

SUPPLEMENTAL INFORMATION

PROGRAM: OMNIBUS PROGRAM & ENGINEERING SUPPORT SERVICES

CONTRACT: DAAE07-00-D-M001/0256 OPT YR 4

PURPOSE OF ORDER: EXERCISE OPTION YR 4 FOR 864 HOURS

CURRENT AMOUNT: \$ .00

THIS CHANGE \$79,587.88

TOTAL AMOUNT \$79,587.88

1. This action is Task Order number 0256 issued pursuant to Contract DAAE07-00-D-M001.
2. The purpose of this order is to exercise option for 864 hours pursuant to Special Provisions H.1.4. This order will is to provide acquisition management and force development support for the Combat Ammunition Systems Program.
3. This is a unilateral order for 864 man-hours of level of effort, awarded on Cost Plus Fixed Fee basis in the amount of \$79,587.88. This includes \$75,578.92 cost and \$4,008.96 fixed fee.
4. The Contractor shall perform this order 0256 in accordance with the Scope of Work in Section C and Work Directive CAM-256.
5. The period of performance is date of award through 31 MARCH 04.

6. PAYMENT

The contractor shall submit monthly invoices for payment for work performed in the previous month.

7. INVOICE INSTRUCTIONS

In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract. On each billing document prepared by the contractor, the CLIN/SUBCLIN applicable to that billing shall be specified. Where there is one ACRN applicable to the particular CLIN/SUB/CLIN being billed, the ACRN shall be specified as well.

8. PAYMENT INSTRUCTIONS FOR DFAS

- a. In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract.
- b. The paying office shall pay each invoice only with the funds obligated under the CLIN/SUBCLIN specified on the voucher. Payments shall be made first from the oldest funds by fiscal year applicable to each individual CLIN. The oldest funds shall be disbursed in their entirety before proceeding to disburse the next ACRN.



<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b>  <b>PIIN/SIIN</b> DAAE07-00-D-M001/0256 <b>MOD/AMD</b>	<b>Page</b> 4 <b>of</b> 6
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DELIVERIES OR PERFORMANCE

F.1 Period of Performance

Period of performance for the work set forth in WD CAM-256 is date of award thru 31 March 04.

\*\*\* END OF NARRATIVE F 001 \*\*\*

Name of Offeror or Contractor: CAMBER CORPORATION

CONTRACT ADMINISTRATION DATA

PRON/										JOB					
LINE	AMS	CD/	OBLG								ORDER	ACCOUNTING		OBLIGATED	
<u>ITEM</u>	<u>MIPR</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>							<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>		
0001AA	2R3GPD05EH	AA	2	21	32040000031B1B	026548147255Y	S28017				W52H09	\$	79,588.00		
65481470800															
												TOTAL	\$	79,588.00	
SERVICE										ACCOUNTING				OBLIGATED	
<u>NAME</u>	<u>TOTAL BY ACRN</u>		<u>ACCOUNTING CLASSIFICATION</u>							<u>STATION</u>		<u>AMOUNT</u>			
Army	AA		21	32040000031B1B	026548147255Y	S28017				W52H09	\$	79,588.00			
												TOTAL	\$	79,588.00	

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LIST OF ATTACHMENTS

<u>List of</u> <u>Addenda</u>	<u>Title</u>	<u>Date</u>	<u>Number</u> <u>of Pages</u>	<u>Transmitted By</u>
Attachment 001	DD254	01-DEC-2002	006	EMAIL